

ORIGINALAO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**VORLIN ALEXANDER

Plaintiff

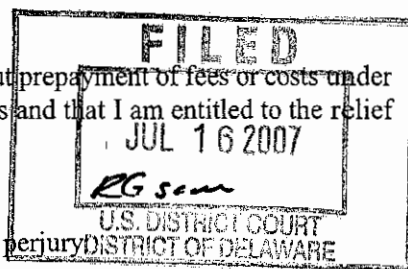
V.
RUTH ANN MINNER, GOVERNOR
CARL DANBERG, ATTORNEY GENERAL
Defendant(s)**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**CASE NUMBER: 07-443I, VORLIN ALEXANDER declare that I am the (check appropriate box)

Petitioner/Plaintiff/Movant



Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury.

1. Are you currently incarcerated?
- ☒
- Yes
- ☐
- No (If "No" go to Question 2)

If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTERInmate Identification Number (Required): SBI # 098778Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed?
- ☐
- Yes
- ☒
- No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. OCTOBER 2006, \$300.00 WK., BURGER KING, FRANKFURT + ROBINS AVE., PHILA., PA. 19124

3. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts?

•• Yes ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

•• Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

CRYSTAL SMITH, WIFE-TO-BE

ISAIAH KONT, SON

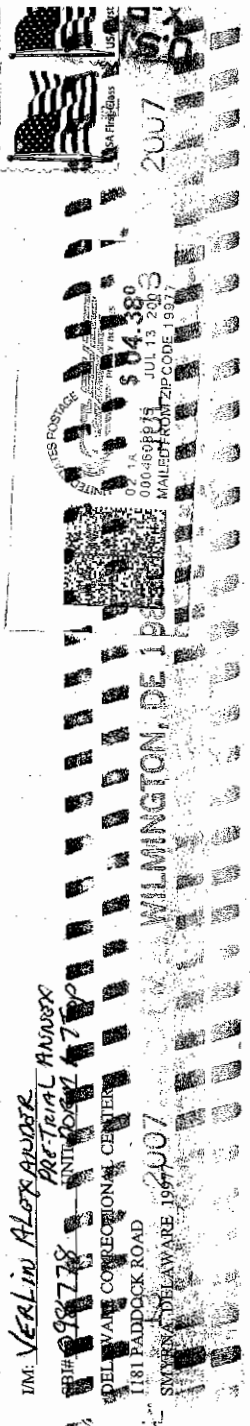
\$ 300.00 WK

I declare under penalty of perjury that the above information is true and correct.

JANUARY 17, 2007
DATE

Usher Raymond
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



TO: THE UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE, LOCK BOX 18
OFFICE OF THE CLERK
844 NORTH KING STREET
WILMINGTON, DELAWARE
19801

ORIGINAL

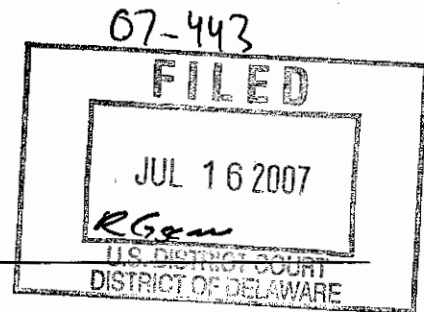
DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Verlin Alexander SBI#: 098778

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: June 15, 2007



Attached are copies of your inmate account statement for the months of December 1, 2006 to May 31, 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Dec</u>	<u>0</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>0</u>
<u>March</u>	<u>0</u>
<u>April</u>	<u>0</u>
<u>May</u>	<u>0</u>

Average daily balances/6 months: 0

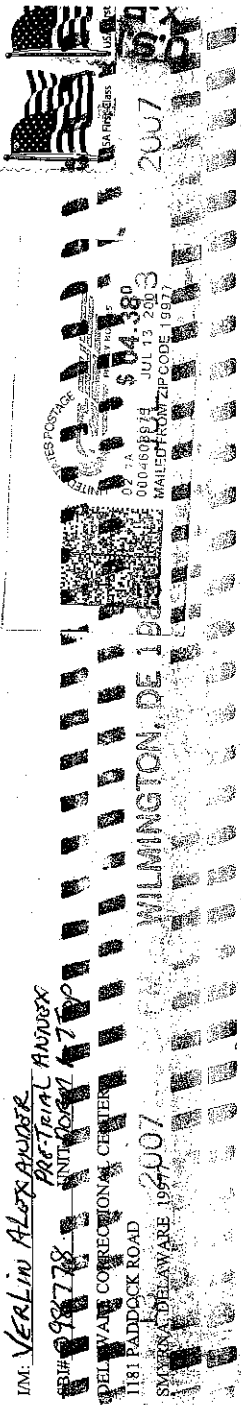
Attachments

CC: File

Stacy Shane
6/15/07

Janette L. Davis
6/15/07

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold:			\$0.00			
Total Amount Currently on Non-Medical Hold:			\$0.00			



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